

Exhibit I: Applicant Budget Template and Exhibit II: Applicant Budget Narrative Instructions (Microsoft Excel File)

Applicants are required to provide a detailed one year program budget in Exhibit I that itemizes on a quarterly basis the legal services and administrative costs associated with the proposed program. Applicants must also provide as Exhibit II to this application a detailed description of each line item contained in this budget and the underlying assumptions associated with each line item amount.

The program budget must be completed in the Microsoft Excel workbook provided. Instructions on the use of this template are as follows:

General

- a. There are cells within the template that are locked to maintain existing formula calculations, which will populate automatically.
- b. Applicants are responsible for completing the information requested in the top portion of the Excel template: Applicant name.

Exhibit I Applicant Budget Template

I. Coordinate the Provision of Legal Services (Total must be a minimum of 90% of the total LSV-H Grant Amount)

1. *Personnel/Labor* (Note: If the applicant does not anticipate an even spread of costs across all quarters, this should be explained in the narrative.):
 - *Title and Organization* (Column B) – input the titles of all LSV-funded personnel and the organization at which they are or will be employed (i.e., list applicant organization or subcontractor organization name as applicable)
 - *# of Full-Time Employees (FTE)* (Column C) – input the number of FTE who will hold the specified title at the specified organization
 - *% FTE* (Column D) – input the percentage of time the staff member will devote to the LSV-H funded program (e.g., full-time staff would be shown at 100%)
 - *Base Annual Salary / Wage* (Column E) – input the annual salary of the specified personnel, assuming full-time employment
 - *Fringe Benefits* (Columns H, I, J, and K) – input cost of fringe benefits (if any) across all quarters
 - Distribute FTE and Fringe Benefits across all quarters (Columns H, I, J, and K)
2. *Other Non-Personnel Legal Services Expenses*: List any other legal services expenses in this section (Column B) and the quarterly costs associated with those expenses (Columns H, I, J, and K). NOTE: VA has included a mandatory line item for court fees. Applicants may designate the amounts (if any). While Court Fees are authorized expenses under this grant, the payment of Fines are not authorized under this grant.

II. Administrative Expenses (Total cannot exceed 10% of total LSV-H grant amount)

1. If utilizing the de minimis rate of 10% of modified total direct costs for Administrative Costs (pursuant to 2 CFR 200.414(f)); enter '10% de minimis rate' in Section II of the 'Exhibit I LSV-H App Budget' Tab.
2. If grantee is not utilizing the de minimis rate of 10% of modified total direct costs for their Administrative Costs, they need to list all administrative expenses (Column B) and the quarterly costs associated with each expense (Columns H, I, J, and K). Per 38 CFR 79.90(d) costs for administration by a grantee must not exceed 10 percent of the total amount of the legal services grant. Administrative costs will consist of all costs associated with the management of the program, including administrative costs of subcontractors. A line item of "administrative costs" is not sufficiently descriptive. Administrative costs must be broken down into multiple line items by category. Also note that the Administrative subtotal/percentage (Cell G140) is formatted to identify if thresholds exceed the criteria specified in the NOFO.

Exhibit II Applicant Budget Narrative

Exhibit II of the budget workbook includes a budget narrative template linked to the Exhibit I budget. Applicants are expected to provide a detailed narrative justification/explanation for all line items listed in Exhibit I.

	B	C	D	E	F	G	H	I	J	K	
1	VA Homeless Programs Office: Legal Services for Homeless and At-Risk Veterans										
2	Exhibit I: Applicant Budget - Quarterly LSV-H Grant Funds Budget										
3	**NOTE: Enter information into yellow cells only. All other cells are protected and should not be modified. Please submit original template provided by the Veterans Justice Programs Office; DO NOT copy and paste this spreadsheet into a new Excel workbook.										
4											
5	Name of Organization:										
6	Application ID (Program Office Use Only):										
7	Total Grant Funds Requested:		#REF!								
8	Application Fiscal Year:		FY 2024								
9											
10	Program Expenses				% of Total LSV-H Grant	LSV-H Grant Funds Total Amount	LSV-H Grant Funds Quarter 1	LSV-H Grant Funds Quarter 2	LSV-H Grant Funds Quarter 3	LSV-H Grant Funds Quarter 4	
11	I. Provision and Coordination of Legal Services (Minimum of 90% of Total LSV-H Grant Amount)										
12	1. Personnel/Labor										
13	Title and Organization	# FTE	% FTE	Base Annual Salary/Wage							
14				#REF!	\$	-	\$	-	\$	-	
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16				#REF!	\$	-	\$	-	\$	-	
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22				#REF!	\$	-	\$	-	\$	-	
23				#REF!	\$	-	\$	-	\$	-	
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58				#REF!	\$	-	\$	-	\$	-	
59	Subtotal Salaries/Wages				#REF!	\$	-	\$	-	\$	-
60	Fringe Benefits				#DIV/0!	\$	-	\$	-	\$	-
61	Subtotal Personnel				#REF!	\$	-	\$	-	\$	-
62											
63											
64											
65	2. Other Non-Personnel Legal Services Expenses										

	B	C	D	E	F	G	H	I	J	K
66	Court Fees / Filing Fees				#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
67					#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
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95					#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
96	Subtotal Other Program Expenses				#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
97										
98	Subtotal Provision and Coordination of Legal Services				#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
99										
100	II. Administrative Expenses (Maximum of 10% of Total LSV-H Grant Amount)									
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127					#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
128					#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
129	Subtotal Administrative Expenses				#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
130										
131	Grand Total				#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
132	% of Total LSV-H Grant				#REF!	#REF!	#REF!	#REF!	#REF!	#REF!

VA Homeless Programs Office: Legal Services for Homeless and At-Risk Veterans
Exhibit II: Applicant Budget Narrative

Proposed Funding Information:

Name of Organization:	0
Application ID (Program Office Use Only):	0
Total Grant Funds Requested:	#REF!
Application Fiscal Year:	FY 2024

[illegible]

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